



Nasal Surgery History

Patient Name: _____ Date: _____

Have you ever had nasal surgery? _____ No _____ Yes

If so, when? _____ Name of Surgeon _____

Have you ever injured your nose?

If yes, when? _____ Where treated? _____

What do you feel is the chief problem with your nose now? _____

Do you have trouble breathing? _____ No _____ Yes

Do you have post-nasal drip? _____ No _____ Yes

Do you have allergies or hay fever? _____ No _____ Yes

Have you ever been told you have a deviated nasal septum? _____ No _____ Yes

Have you ever been told you have nasal polyps? _____ No _____ Yes

Have you ever had sinus trouble? _____ No _____ Yes

Do you have bleeding from the nose? _____ No _____ Yes

Do you have bleeding disorders? _____ No _____ Yes

Do you bruise easily? _____ No _____ Yes

Are you allergic to any medications? _____ No _____ Yes

If so, which ones? _____